

# ASBESTOS NEGATIVE DECLARATION

## DEMOLITION NOTIFICATION FORM AAC-2(b)



Louisiana Department of Environmental Quality  
Office of Environmental Services  
Public Participation and Permit Support Division  
Notifications and Accreditations Section  
Phone (225) 219-3244

Please type and complete all required sections.

For LDEQ Use Only	
A.I. No.	
Ck./Voucher No.	N/A
Amt. Received	N/A
Postmark Date	
ADVF No.	N/A

**Note:** This form is to be used only for renovations where greater than 64 square feet of floor tile is removed without the intent of making it Regulated Asbestos Containing Material (RACM) or when lab analysis of properly sampled material indicates: that no Asbestos Containing Material (ACM) is present; that the ACM present is not RACM, and will not be made RACM by the demolition; or that RACM, including any ACM that will be made RACM by the demolition, is less than the thresholds below. For all other demolitions, renovations, or asbestos contaminated debris activities, use *Notification of Demolition and Renovation and Asbestos Contaminated Debris Activity Form AAC-2(a)*.

☐ **Emergency** Note: Emergency notification is allowable only for a sudden, unexpected event that would cause an unsafe condition (or health hazard), equipment damage, or would pose an unreasonable financial burden, per LAC 33:III.5151.F.2.d.xvi.

<p><b>I. Type of Notification</b></p> <p><input type="checkbox"/> Renovations where &gt; 64 square feet of floor tile is removed without the intent of making it RACM</p> <p><input type="checkbox"/> No ACM present</p> <p><input type="checkbox"/> ACM present is not RACM and will not be made RACM by the demolition.</p> <p><input type="checkbox"/> RACM, or ACM that will be made RACM, is less than the established thresholds (see right)</p>	<p><b>Established Thresholds per LAC 33:III.5151.F.1.</b></p> <p>Combined amount of RACM is less than:</p> <ul style="list-style-type: none"> <li>60 linear feet on pipes;</li> <li>64 square feet on other facility components; or</li> <li>27 cubic feet off facility components where length or area could not be measured previously</li> </ul>																		
<p><b>II. Type of Operation</b> <input type="checkbox"/> <b>Demo</b> (allowable only if structure contains no RACM or contains RACM below established thresholds) (See Section I, above)</p> <p>Is structure being demolished under order of a state or local government agency? <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete Sec. VIII)</p>																			
<p><b>III. Facility Description</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Facility Name _____</td> <td style="width: 50%;">Parish _____</td> </tr> <tr> <td>Physical Address _____</td> <td>Building Size (sq.ft.) _____</td> </tr> <tr> <td>City _____ State _____ Zip _____</td> <td>No. Floors _____ Age of Building (Yrs) _____</td> </tr> <tr> <td>Owner Name _____</td> <td>Location on site (Bldg, Floor, Room, etc.) where work is done _____</td> </tr> <tr> <td>Contact Name _____</td> <td></td> </tr> <tr> <td>Mailing Address _____</td> <td>                     Present <input type="checkbox"/> School <input type="checkbox"/> State Bldg. <input type="checkbox"/> Public/Commercial                      Use <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Installation  <input type="checkbox"/> Other _____                 </td> </tr> <tr> <td>City _____ State _____ Zip _____</td> <td>                     Prior <input type="checkbox"/> School <input type="checkbox"/> State Bldg. <input type="checkbox"/> Public/Commercial                      Use <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Installation  <input type="checkbox"/> Other _____                 </td> </tr> <tr> <td>Contact Phone ( ) _____</td> <td></td> </tr> <tr> <td>Contact Email _____</td> <td></td> </tr> </table>		Facility Name _____	Parish _____	Physical Address _____	Building Size (sq.ft.) _____	City _____ State _____ Zip _____	No. Floors _____ Age of Building (Yrs) _____	Owner Name _____	Location on site (Bldg, Floor, Room, etc.) where work is done _____	Contact Name _____		Mailing Address _____	Present <input type="checkbox"/> School <input type="checkbox"/> State Bldg. <input type="checkbox"/> Public/Commercial Use <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Installation <input type="checkbox"/> Other _____	City _____ State _____ Zip _____	Prior <input type="checkbox"/> School <input type="checkbox"/> State Bldg. <input type="checkbox"/> Public/Commercial Use <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Installation <input type="checkbox"/> Other _____	Contact Phone ( ) _____		Contact Email _____	
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Contact Phone ( ) _____																			
Contact Email _____																			

**IV. Determination of No RACM Present /Amount of RACM Present is Below Established Thresholds for Demo Project** (see Section I)

Inspector's Name \_\_\_\_\_ Certified Lab Name \_\_\_\_\_

Inspector's Accreditation No. \_\_\_\_\_ Lab Accreditation No. \_\_\_\_\_

Inspection Date (mm/dd/yy) \_\_\_\_\_ Analysis Date (mm/dd/yy) \_\_\_\_\_

Procedure, including analytical method, if appropriate,  
used to detect the presence of asbestos material \_\_\_\_\_Attach the following copies: 

- Signature page of inspection report for inspection date indicated (above)
- Lab Analysis Report for analysis date indicated (above)

**NOTE: The Asbestos Negative Declaration Demo Notification Form AAC-2(b) will not be processed without these attachments.****V. Asbestos Containing Material (ACM) Not to be Removed from Structure Prior to Demolition** (if ACM is present)

## RACM

## Non-regulated ACM

**Type of Asbestos Material**☐ TSI☐ Fireproofing☐ VAT☐ Asphalt Roofing☐ Ceiling Tile☐ Other \_\_\_\_\_☐ Mastic☐ Other \_\_\_\_\_**Amount of Asbestos Material Not Removed**\_\_\_\_\_  
linear feet  
\_\_\_\_\_  
square feet  
\_\_\_\_\_  
cubic yards\_\_\_\_\_  
linear feet  
\_\_\_\_\_  
square feet  
\_\_\_\_\_  
cubic yards**VI. Demolition Contractor**

Contractor Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Contact Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**VII. Scheduled Demolition Dates**

Start Date (mm/dd/yy) \_\_\_\_\_ Completion Date (mm/dd/yy) \_\_\_\_\_

**VIII. Governmental Agency-Ordered Demolition** (Complete only if you answered "Yes" in Section II)Agency Representative  
Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_ Date Issued (mm/dd/yy) \_\_\_\_\_ Date Ordered to Begin (mm/dd/yy) \_\_\_\_\_

Attach a copy of the Demolition Order from the governmental agency identified (above).

**NOTE: The Asbestos Negative Declaration Demo Notification Form AAC-2(b) will not be processed without this attachment.****IX. Emergency Demolitions** (Complete only for emergency event indicated by checked "Emergency" box on page 1)Date of Emergency  
(mm/dd/yy) \_\_\_\_\_ Time of Emergency \_\_\_\_\_Describe the sudden, unexpected event requiring immediate attention \_\_\_\_\_  
\_\_\_\_\_

Explain how event would cause an unsafe condition (health hazard), equipment damage, or pose unreasonable financial burden (per LAC

**X. Planned non-RACM demolition**

Describe planned non-RACM demolition and methods to be used

Describe procedures to be followed in the event unexpected RACM is found or CAT II becomes RACM (per LAC 33:III.5151.F.2.d.xvii)

**XI. Comments** (Provide any additional comments /information relevant to the Asbestos Negative Declaration Notification)

**XII. Certification** (sign this section only if RACM is absent or amount of RACM present is below established thresholds)

I certify that the above information is correct and that under penalty of law, with regard to the structure being demolished, RACM is determined to be absent or the amount of RACM present is below established thresholds per LAC 33:III.5151.F.1. I understand that:

- Laboratory analysis performed by commercial laboratories for this determination must have been conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55;
- Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the LDEQ; retesting of analysis will be required by an accredited commercial laboratory; and
- The *Asbestos Negative Declaration Demo Notification Form AAC-2(b)* will not be processed without the required analysis and supporting documentation from an accredited commercial laboratory (See Section IV).

Printed Name of Owner or Operator/Contractor

Signature of Owner or Operator/Contractor

Date (mm/dd/yy)

**Submittal Information:**

- There is no fee associated with the *Asbestos Negative Declaration Demolition Notification Form AAC-2(b)*.
- **For Emergencies**-Information may be submitted by: fax (225-325-8283); email ([DEQ.ASBESTOSNOTIFICATIONS@LA.GOV](mailto:DEQ.ASBESTOSNOTIFICATIONS@LA.GOV)); phone (225-219-3244); or hand-delivery. If faxed or emailed, a follow-up form with original signature must be submitted to the LDEQ by one of the methods of delivery (below) within 5 working days.
- **For Non-emergencies**-Information MAY NOT BE FAXED. Forms may be submitted by email ([DEQ.ASBESTOSNOTIFICATIONS@LA.GOV](mailto:DEQ.ASBESTOSNOTIFICATIONS@LA.GOV)) with a follow-up form submitted within 5 working days. The form with an original signature must be submitted to the LDEQ by one of the following methods of delivery:

**By Mail:**

or

**By Overnight or Hand-delivery:**

LDEQ Office of Environmental Services  
Public Participation and Permit Support Division  
Notifications & Accreditations Section  
P. O. BOX 4313  
Baton Rouge, LA 70821-4313

LDEQ Office of Environmental Services  
Public Participation and Permit Support Division  
Notifications & Accreditations Section  
602 North 5<sup>th</sup> Street  
Baton Rouge, LA 70802